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ISSTIP SEMINAR
2nd November 1991
ONE-DAY SEMINAR

Welsh College of Music and Drama, Cardiff

"COPING WITH PHYSICAL AND PSYCHOLOGICAL TENSIONS"

Faculty: **Nina Finburgh** (Actors), **Pamela Bowden** (Voice)
 Mr D. Garfield Davies (Voice Clinic)
 Carola Grindea (Prevention of Physical Injuries)
 Dr Ian James (British Assoc. for Performing Arts Medicine)
 Dr Caroline Markus (Medart UK), **Elinor Bennett** (Harp)
 and others

Details from ISSTIP Secretary, Audrey Lyndon
4 Belvedere Court, Catherine Road, Surbiton KT6 4HB
Telephone: 081-399 8418

Editor: Carola Grindea (Arts)
Martin Lloyd-Elliott (Science)

American Correspondent: Dr Paul Lehrer

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Editorial Address: c/o 28 Emperor's Gate, London SW7 4HS
Tel: 071-373 7307

Editors note to contributors: The editors welcome articles relating to all aspects of research of stress and tension in performance. Contributions should be typed on A4 paper, double spaced and printed on one side only. Scientific articles should follow standard requirements for presentation, including full references.

MEDART INTERNATIONAL
"First World Congress on Arts Medicine"
September 29th–October 4th 1991
Rotterdam, Holland

Details: Dr C. Markus, Picketts Hill House, Picketts Hill, Hants

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Telephone: 081-399 8418

Editorial

It is two years since the last ISSTIP journal and in that time great changes have taken place both within ISSTIP and within the whole field of performance stress research, treatment and care. The general level of public awareness of stress and tension within performance and in other areas is now much greater. All the quality national newspapers have given editorial space to articles covering this topic, in particular the statistics or surveys of orchestral players' physical injuries or psychological problems as well as the work – seminars, workshops – of various organisations: The "Voice Clinic" set up by Mr David Garfield Davies at the Middlesex Hospital, The "Performing Arts Clinic" founded by ISSTIP in collaboration with the London College of Music, the Arts Psychology Consultants founded by Andrew Evans and Martin Lloyd-Elliott, and BAPAM – the British Association of Performing Arts Medicine – together with AMABO – the Association of Medical Advisers to British Orchestras – both the brain-child of Dr Ian James. In addition, the media has also given prominence to the problems encountered by performers: *Medicine Now* and *Kaleidoscope* on BBC Radio 4, BBC 40 Minutes presented a television documentary on opera singers and ballet dancers and their occupational hazards, as well as a short programme on the ISSTIP "Performing Arts Clinic".

The "Performing Arts Clinic" at the London College of Music was opened in May 1990 – the only venture of this kind in a music college, and the only one run by a team of crossed discipline specialists: physicians, psychologists, musicians and therapists, all offering their services free to students. Each case is seen by at least three specialists – providing three approaches to studying the same problem, and the results have been most satisfactory. So much so that two months after the opening of the clinic a concert was given by seven musicians (three students and four professionals) who had received treatment at the clinic and are now back in the profession.

There are now a few other "Musicians' Clinics" in the United Kingdom, run on the National Health Service: Professor Arnold Maran is the director of the clinic in Edinburgh (established in June 1990 and staffed by a team including a psychiatrist, dental surgeon, orthopaedic surgeon, rheumatologist, physiotherapist, otolaryngologist and voice therapist), Dr Howard Bird at the Bath Royal Infirmary, and the Royal Free Hospital has opened a new clinic in the Rheumatology Department. BAPAM hopes to set up similar clinics in several other hospitals throughout the country.

Music teachers are also more concerned with the many problems confronting them. Associations like the Voice Research Society already hold regular seminars; ESTA, The European String Teachers Association is organising a one-day seminar on 28th April at the

Guildhall School of Music and Drama entitled, "The Physical Problems caused by Stress and Tension and How to Avoid Them", bringing together doctors, para-medical practitioners, musicians, psychologists and therapists. EPTA – The European Piano Teachers Association – and ISM – The Incorporated Society of Musicians – have conducted seminars on this topic in the past and will continue to do so, and it is interesting to see that, all over the country, teachers meet in small groups inviting speakers (doctors, psychologists and other specialists) to discuss these particular problems. Last but not least we should mention the "British Music Educators Conference" organised by the UK Council for Music Education and Training (22nd – 26th July 1991 at Bath College of Higher Education) when a special seminar will be devoted to "Music and Health".

In the past two years ISSTIP has organised several seminars both in the UK and abroad. Of particular interest have been the 1990 ISSTIP USA five-day annual seminars "Exploring physical and psychological tensions in performance" – organised by Professor Phyllis Lehrer at Westminster Choir College, Princeton, and the ISSTIP conference in Holland at Alkmaar Conservatory (co-ordinators Carola Grindea and Dirk de Vreed) at which over two hundred participants voted unanimously in support of a motion to set up ISSTIP Netherlands.

In February 1991, ISSTIP organised a particularly successful seminar, with Pamela Bowden in the Chair, when speakers who have been working at the clinic described their experiences and techniques: Dr Wynn Parry (Medical Advisor), Carola Grindea (Musician), Martin Lloyd-Elliott (Psychologist), Bill Benham (Violinist and Alexander Technique teacher), Roselyn Walters (Feldenkrais), Dr George Gomez (a GP who visits the Clinic as observer), and Dr Mosaraf Ali (Physician to the President of India) presented a video on muscle rehabilitation. In the afternoon Kato Havas ran a workshop with string players, and Mary Hammond conducted a session with singers from the West End Theatre. The discussions which followed were most revealing and the day ended with a fine concert given by Timothy Ho (violin) and Alberto Portugheis (piano). Full details of the seminar will be published in the next edition of the ISSTIP journal.

1991 also sees the launch of the new Medart UK, which hopes to act as an administrative umbrella, bringing together all the organisations working in this field (President: Dr Caroline Markus). Medart International will hold its first World Conference in Rotterdam, Holland, later this year (29 September – 3 October 1991).

Thus ISSTIP's pioneering work is spreading rapidly in so many areas, but it is of great importance that all those involved in this work should continue to collaborate closely, exchanging expertise, research data and other information: our goal is the same – to serve performers. The ISSTIP clinic at the London College of Music continues to grow

in reputation and is always well attended. The editors fully support an integrated approach of mutual co-operation and constructive discussion between all those involved in this area of research, and look forward to new discoveries.

The editors are particularly pleased to include in this issue a paper by Dr Ann Fingret, Chief Medical Officer to the BBC Occupational Health Department and one from Dr Wynn Parry, Director of Rehabilitation at King Edward VII Hospital, Midhurst, Consultant at Royal Free Hospital 'Performing Arts Clinic' and Adviser at ISSTIP at London College of Music.



ISSTIP PERFORMING ARTS CLINIC AT LONDON COLLEGE OF MUSIC

In the Spring of 1990, Professor Grindea invited me to join her Performing Arts Clinic at the London College of Music as an Adviser. As a Consultant in Rehabilitation Medicine being used for many years to working in a multidisciplinary team, I welcomed this opportunity to become involved in problems with musicians in a team comprising musicians with particular interest in technical problems of performance, art psychologists and Alexander teachers. My role has been to assess students and musicians' locomotor problems to determine if there are any underlying medical/surgical conditions amenable to conventional treatment, or whether they are suffering from fatigue phenomena as a result of misuse of their instruments, emotional stress, poor posture or other relevant factors. Whenever a medical or surgical condition that requires treatment is diagnosed, the patient is referred back to their general practitioner with appropriate advice. If the condition is, in our view, due to stress and requires the advice of a pharmacologist or requires investigation, we refer the patient to the free medical clinic run by Dr Ian James, Reader in Pharmacology at the Royal Free Hospital and Director of Performing Arts Medicine; there they can also receive expert physiotherapy and expert rheumatological opinions. The author of this article is also involved in that clinic.

It is well recognised that students and indeed many professional musicians are reluctant to seek orthodox medical advice for their aches and pains as they believe doctors are not competent or experienced enough to help. There is a long tradition for musicians to seek help from alternative medicine in the first instance, either to indulge in self-medication or to seek the help of osteopaths, chiropractors, reflexologists or other alternative practitioners. Some general practitioners have not the time or the expertise to deal with musicians' problems and they cannot be expected to cope with what can be very demanding patients.

During the last year, the British Association of Performing Arts Medicine has established a network of interested and experienced general practitioners who have been appointed to all the major orchestras throughout the country. Regular courses are being held to instruct them in the management of these difficult disorders. In time, a considerable data bank of information will be obtained and ongoing research undertaken to discover both the epidemiology and the best means of treating these disorders. To our knowledge, the Performing Arts Clinic at the London College of Music is the first in this country to involve a multidisciplinary team between musicians, psychologists and doctors. All the music colleges have been informed of the existence of the clinic and encouraged to suggest that musicians refer themselves for advice. They are asked, where possible, to bring a letter from their general practitioner, but if this is not feasible then the patient will be seen, but the general practitioner will invariably be informed of the findings and any recommendations made. The clinic is purely advisory, there are no facilities for investigations and no treatment is given. In many instances patients have been referred to the clinic at the Royal Free for further investigations and treatment.

To date, some 70 musicians have been seen and we have divided their problems into three:

1. Obvious medical and surgical disorders that are not related to performance.
2. Underlying structural or general medical disorders that have predisposed to problems with the instrument.
3. Problems directly related to performance, eg: the so-called misuse, overuse or regional pain syndromes, dystonia, violinist neck, cellist back, etc.

Table 1 shows the classification of conditions seen at this clinic in the first 50 patients in a six-month period. It will be seen that one fifth of such patients had some well defined medical or surgical condition requiring orthodox treatment. In all cases there was an indication for medical or surgical treatment which was recommended to the general practitioner and in some cases for further recommendation for specific specialist advice. It was thus clear that a significant number of musicians are playing regularly with conditions that need to be diagnosed and treated by orthodox medicine. It is thus extremely important that general practitioners become aware of musicians' problems and that musicians in their turn are strongly advised to seek advice at an early stage so as not to aggravate an underlying condition which may end their career.

It is particularly important that musicians should consult their general practitioners if suffering from malaise, lassitude, depression, loss of weight and other general symptoms of unwellness. It is all too easy to assume that these are due to overwork, the stress of preparing for exams, an audition or for an extended tour. Only if people consult

their medical practitioner will it be possible for a diagnosis of anaemia, tuberculosis, diabetes, depression to be made and treated.

60% of patients were suffering from performance-related problems.

Table 1
50 patients: June-December 1990

MEDICAL/SURGICAL DISORDERS – 21

| | |
|-----------------------------------|-------------------------|
| Post fracture – 5 | Ganglion |
| Tenosynovitis | Dupuytren's Contracture |
| De Quervain's – 3 | Frozen Shoulder |
| Tendonitis of Forearm Flexors – 3 | Osteoarthritis |
| Cervical Rib – 2 (both cellists) | Cervical Spondylosis |
| Rheumatoid Arthritis – 2 | Hamstring Strain |

DYSTONIA – 7 (Loss of control)

6 pianists
1 guitarist

POSTURAL PROBLEMS & INCORRECT POSITION – 14

Pain in arm and hand – 3 (2 violinists)
Pain in neck and shoulders – 11 (4 pianists, 2 violinists, 2 guitarists)

EMOTIONAL TENSION – 5

Pain in hands and wrists – 4
Pain in elbow and forearm – 1

LONG NECK IN VIOLINISTS – 3

There is now extensive literature on the epidemiology of musicians' problems and a growing literature on their successful management. The journal *Medical Problems of Performing Artists* has acted as a most valuable form for both doctors and players to report their experience. Recently an orthopaedic symposium was published on problems of musicians and sportsmen and, finally, a most valuable review of the whole field of locomotor problems of musicians is about to appear in *The Annals of Rheumatic Diseases* (Lambert, to be published).

The findings of the ISOCM Survey must now be well-known to most practising musicians. In this survey of American symphony and opera musicians, just over 2,000 musicians replied to a questionnaire, indicating that 55% had some form of problem affecting their performance. With regard to general health, 10% were worried about their smoking habits, 21% were worried about their alcohol intake and 20% were worried about both prescribed and non-prescribable drugs. As many as 27% had used or were using beta-blockers. Medical problems were most prevalent in string players; 84% at least had some

form of problem, more commonly in females than males, of non-musculoskeletal problems, stage fright and eye strain were the most common. No less than 13% admitted to acute anxiety, 17% being significantly depressed, 14% having their sleep disturbed. About one fifth of patients had some form of problem with shoulders, neck or back. Hochberg made a detailed study of 99 musicians who had complaints of pain, tingling, fatigue or cramp in their arms which led in 34% to loss of control, 18% loss of facility in performance, 18% in loss of endurance and 9% loss of strength. The commonest problems were in the hand, forearm, neck and shoulder. Armadio studied referrals to a special clinic for upper limb problems. He found that 22% had some form of nerve entrapment such as carpal tunnel syndrome or thoracic outlet syndrome, 44% had some form of tendon disorder, 9% had dystonia (or lack of control of movement) and 4% had fractures which were involving hand function.

Musicians have, of course, thought hard as to what the possible cause of these aches and pains in specific muscles may be due to and they have looked carefully at their technique, at their instrument, at their repertoire, at their performance schedule and to any possible stress factor. In one reported series, 32% of musicians stopped playing because of fatigue, 25% changed their practice schedule to alleviate the symptoms, 23% refingered their material, 11% changed their repertoire and 9% made a radical change of technique.

In the so-called misuse/overuse syndrome, there are virtually no clinical findings. Muscles may be slightly tender to deep palpation but there is no swelling, no inflammation, no weakness of muscles, no limitation of movement in the joint, no crepitus in the tendons. This is, in fact, a fatigue phenomenon and it is well known that fatigued muscles show very little in the way of physical signs. As a large majority of musicians do not suffer from these problems and indeed many professional musicians can play for many hours for decades without the slightest trouble, the question must be: are there underlying factors that make a particular orthopaedic anomaly that might make the playing of an instrument more difficult. One looks for scoliosis and underlying orthopaedic disorders of the spine in string players who complain of back pain. One looks for hypermobility in string players and one looks for any discrepancy in length or bulk of the arm as a result of previous fractures or injuries. Having excluded such underlying conditions, one is left then with patients with no physical signs, but who, after playing the instrument for a variable period of time, have such degree of fatigue, cramp and pain they cannot continue to play. In the early stages of the syndrome, the patient may only suffer symptoms after two hours playing. Gradually the length of time that the patient can play before symptoms start becomes reduced until it may start within ten minutes, or immediately on starting to play. Similarly, the recovery time gets shorter, such as in



*Dr Wynn Parry
examining a
pianist's hand*

the early stages the patient may be able to play normally the next day, but in the worse stages may not be able to play for several days thereafter.

Knischkowsky and Lederman reported on 52 musicians with such problems. In 58% an obvious cause was determined, such as increased practice hours, change in technique or teacher, use of a new instrument, more difficult repertoire or increased stress in their career. It is important to have clear-cut strategies for the management of these patients. In the acute stage, clearly rest is essential and if there is any local tenderness then the application of icepacks, even anti-inflammatory preparations by mouth may be indicated. Rest period must not be too extended otherwise patients will become extremely depressed at being away from their instrument and may lose their technical ability. Moreover an analogy with sports medicine is valid here – most sportsmen return to a high professional level of sporting activity within a short period of treatment of the misuse/overuse syndrome. Similarly, musicians should be able to return to playing their instrument within a very few weeks of the start of treatment. Our regime is to invite the patient to start playing for short periods of ten minutes twice a day as soon as he or she feels that the muscles are not tender or aching. In between such spells the patient should exercise generally, massage their muscles and record the length of time they are able to play without symptoms, and the recovery time. They gradually increase the amount of playing, making careful records every day. They are thus able to see the recovery curve and can predict fairly accurately when full-time playing can be expected. We do not advise restriction of other activities, provided they do not bring on the

symptoms, and most patients find that they are only troubled when they undertake the particular musical activity that caused the problem.

There is a good analogy here with the so-called RSI of VDU operators; although they may be quite unable to operate their VDU, they can often work on an electric typewriter and play the piano. Similarly, pianists with the fatigue phenomenon can often type and write, and in the worst cases it must be admitted that they may be quite incapable of any activity, but these cases fortunately are rare. Our experience is similar to that of the published series indicating that 88% of patients improved in six weeks at the most if they were seen within one week of symptoms and in three months if treatment was delayed.

Careful history-taking and observation of the musician at play with his/her instrument (which of course is mandatory in music medicine) will almost always reveal the source of trouble. This may be lack of a satisfactory chin rest in a violinist with a very long neck or the propensity to push the shoulder forward and upwards in an inexperienced violinist, or a change of instrument which requires a complete recoding, or a change in technique requiring different fingering or a change of repertoire. In some cases the musician may simply be asking too much of his body in preparing a formidable range of increasing technical difficulty in too short a time, but one must bear in mind that there are many musicians who do not suffer such problems despite seemingly impossible demands made on their bodies and so one must look at underlying factors and advise on sensible performance schedules, regular breaks for holidays, recreation and proper attention to general health.

The great advantage of our multi-disciplinary clinic at the London College of Music is that there are experts on hand to study all these technical problems, thus the musicians approach to the instrument – posturally, technically and emotionally, are studied in detail. Any emotional stress in the background will be addressed and helped by the Art Psychologist.

One is only too familiar with the problems that confront the student nearing finals. There are those who are desperate to succeed because their parents are indifferent or antagonistic and others equally desperate to succeed because their parents have put all their hopes in them, having failed themselves in a musical career. In the established professional there is the fear of failure ("You're only as good as your last performance", or: "next time it will all go to pieces") and the fear of the younger up-and-coming professionals who threaten to take over their limelight. Emotional stress causes tension and this is commonly reflected in muscular symptoms and fatigue. Postural problems are remarkably common in musicians, particularly among students and here not only the technical advice of the professional musician but the Alexander Technique is, in our view, of enormous value. This technique not only addresses correct posture but a whole

life-style in how to use and control the body, particularly helpful for musicians in times of stress. The Feldenkrais technique is also particularly helpful in problems of control.

Sometimes it is not clear why a student is having problems with muscle fatigue and aches and pains and the question must be asked as to whether the student is good enough for a life in music. A medical problem may be the honourable way out of an impossible situation for some students. It is important to appreciate this and to counsel the student accordingly and perhaps steer them into an alternative such as music publishing, or teaching. Here the ability to discuss these problems with professional musicians and psychologists is all important. It has been a salutary experience to work with music professionals in this clinic, one has learnt that there are so many factors involved in a successful musical life – problems of emotional and physical stress, problems of technique, problems of general and specific fitness for the instruments, problems of relating musical ambitions to social life of friends and relatives, so that the seemingly simple physical problems may have complex ramifications and causes and need the combined efforts of a multi disciplinary clinic.

Dr C.B. Wynn Parry

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RUNNING A PERFORMING ARTS CLINIC IN A MUSIC COLLEGE

Meeting Dr Wynn Parry marked an important stage in my work in the field of tension in performance with the resulting physical, physiological and psychological problems.

In July 1989, Dr Wynn Parry – a foremost authority in muscle rehabilitation – published a letter in the *British Medical Journal* in which he expressed his views on the serious problems confronting musicians, with special reference to physical injuries and their main cause – the **misuse** of muscle, not the **overuse** as a number of physicians have been advocating. Dr Wynn Parry's views clearly expressed the opinion of many musicians – teachers and performers – and, indeed, Joan Dickson, cello Professor at the Royal College of Music, published a letter to this effect in the same issue of the *British Medical Journal*.

The result of the encounter between Dr Wynn Parry and several musicians keen to 'do something' about the serious situation, with over 50% of instrumentalists suffering from occupational hazards, was the setting up by ISSTIP of the first Performing Arts Clinic in a music college, at London College of Music in the heart of London (thanks to the vision of John McCabe, LCM Principal at the time and to Pamela Bowden, Head of Voice).

The aim was to encourage students to bring their problems, whether very serious or unimportant, to discuss them, analyse them and receive advice on how to cope with them. The Clinic – offering free consultations to music students – deals with all types of problems, but it also serves as a **centre** of studies for musicians and other performers to learn *now* how to use their body in practising and in performance before joining such a strenuous profession.



Pamela Bowden
working with a singer

The many and complex performers' problems are also being thoroughly investigated by the medical profession, as well as by those in Higher Music Education in charge of the training of performers and teachers. BAPAM – (British Association for the Performing Arts Medicine) – is setting up a number of NHS clinics in several hospitals)

Since the opening of the Performing Arts Clinic at London College of Music in May 1990, Rooms 20 and 25 on the second floor have been buzzing with unusual activity every Wednesday from 5.30pm onwards. Dr Wynn Parry, the Consultant and Advisor, comes every two or three weeks to consult those with serious physical injuries or other problems in the not very 'clinical' Room 25, writing his 'clinical notes' on any free table he can find. Lower down, in Room 20, Carola Grindea, Co-Director of the Clinic with Pamela Bowden, is busy helping the students and other musicians needing assistance to learn what good posture means, what kind of relaxation is expected in performance, how to achieve a 'perfect state of balance' of the body, how to interact with the instrument, and especially how to maintain freedom of breathing while playing. Here they work in 'open class', each one becoming aware of the physical and physiological changes in the body through these mental and physical exercises. At the same time, they observe their colleagues. They learn much more in this way. Each musician is then encouraged to perform – sing or play his/her instrument – in this newly acquired state and discussions follow. Usually, when the body is liberated of wrong, negative tensions, difficulties and even pains disappear as if by magic.

Pamela Bowden works with singers, Gwyneth George advises cellists, while Bill Benham assists with postural problems wherever he can, either when the group is in Room 20, or in a separate room (if free) working individually with one or two needing special attention. Roselyn Walters has introduced the group to the benefits of Feldenkrais discipline and we hope that she may be able to hold regular sessions at LCM. Dr Gomez, a GP greatly interested in specializing in the new field, 'Music Medicine', hardly ever misses a session, taking notes, observing and occasionally giving advice on medical aspects.

Jonas Sen, an Icelandic pianist, postgraduate student for a Masters Degree in Performance at the City University in London, goes from room to room observing the different cases and methods of treatment, talking to the doctors and the therapists and interviewing the musicians themselves for his thesis on "Pianists' Problems". He himself has come to London because of a specific problem with his right hand, an in-coordination which the doctors diagnosed as 'Distonia'. He has been studying with Carola Grindea since the beginning of the academic year and, thanks to the teamwork of the clinic, he is now playing 'better than before' (his own words). Tania Lisboa, cellist and pianist from Brazil – also enrolled for a Masters



Dr Wynn Parry observing Carola Grindea working with a pianist

Degree in Performance at the City University – is preparing a thesis on "Cellists' Problems".

Psychological problems are here in abundance. How can it be otherwise when these unfortunate musicians find themselves cut off from their instruments, often in pain, not knowing how long this will last or whether they will ever be able to perform again? The anxiety is as crippling as their physical condition. What about their studies? What about their interrupted career? The two counsellors, Martin Lloyd Elliott and Andrew Evans, are at hand. One of them is always in attendance at the Clinic, using Room 22, not the ideal place for a confidential, low-key talk when the sound of instrumentalists and singers practising in adjoining rooms, all at the same time, reverberates throughout the place!

Since the Clinic opened, ten months ago, nearly one hundred and twenty cases have been examined. The majority are musicians – professionals (classical and pop/jazz), students, teachers, amateurs. There have been a few dancers, one actor, a puppeteer as well as two journalists suffering from what the medical profession wrongly terms RSI – 'Repetition Strain Injury'.

The teamwork has proved most beneficial; so much so that after the first two months a concert was given by seven musicians – 4 professionals, 3 students – who are now performing again. Three of these artists have been helped by Dr Mosaraf Ali with his expert handling of muscle injuries.



Martin Lloyd-Elliott in consultation

Those of us working at the Clinic owe a great debt of gratitude to Dr Wynn Parry. But for his enthusiasm and generosity, no-one would have had the courage to start such a daring venture. It requires not only expertise and dedication, it is time and energy consuming. Yet this is, indeed, most rewarding work and the feed-back gives us all very great satisfaction. Perhaps it is apt to mention that when Jonas Sen remarked that he expected to come to a clinic and see white coats in every room, to find a 'clinical' atmosphere with the smell of ether, Dr Wyn Parry simply expressed his feelings: "It is much more pleasant to work in a music college, where musicians are unafraid and feel so much at ease".

We are very happy to know that Dr R. N. Morton, Secretary of the Medical Protection Society, considers ISSTIP Clinic a 'very laudable and necessary venture' and that the Musicians' Benevolent Fund and the Royal Society of Musicians are taking great interest and are helping some of those in need of therapy. We hope that other institutions may come forward to assist this valuable work in the service of the performing arts.

Carola Grindea

Photography by Peter Thompson

STRESS IN BROADCASTING

Introduction

The familiar opening sounds of a current affairs, news or sports programme arouse our interest and perhaps excite us in anticipation. Small wonder that, for individuals who perform in and produce such programmes, the world of work is one of high demand and constant arousal. Among them are those for whom the experience is of repeated short performances in front of camera or microphone, orgasmic in intensity; for others it may involve a build-up of frustrations and anxieties over a period of hours, weeks or months with no clear detumescent period.

The world of programme making may detach people from real life values and family life can become subordinated to work. This shift in priorities is associated with the belief that the show takes precedence over everything else. In practice this results in long unsocial hours of work. Some individuals working, for example, in News are never actually off duty. Carrying radios and televisions with them wherever they go, they have been called "newsaholics". Because there is a fundamental belief that to produce good programmes this sort of commitment is essential, those involved in programme making give a new dimension to the word "workaholic". All this may take place in a generally unhealthy mores where high alcohol consumption and smoking are common.

Stress

Stressors, both physical and psychological, evoke cognitive and physiological responses. These responses are similar whether the stressors are pleasant or unpleasant. For each individual there is a stressor magnitude which is optimal for task performance, and stressor levels which are either greater or lesser than the optimal will produce inferior performance. The belief that appears to be operating in programme-making is that a high level of stressors is optimum. Individuals may be seen artificially creating pressures, for example, by introducing unrealistic deadlines, or by creating an argument, because they feel more comfortable performing at this stressor level.

Causes of Stress

There are many stressors in programme production which cause individuals to work at a point very near or over the optimum stress level.

1. Live Performance

The BBC has a reputation for excellence. This means that individuals set themselves high standards to an extent that may seem bizarre to the rest of us. I have, for example, heard it quite seriously suggested that the responsibility for putting out a major news programme is equivalent to that of a pilot of a jumbo jet.

An interesting heart-rate study of a television crew showed that over a period of 8 hours encompassing rehearsal and a live performance, the sound balancer's heart-rate rarely dropped below 100 and during the live period was frequently over 120. (Fig 1 and 2). Similarly, a study in the Czech Radio Orchestra showed levels of nor-adrenaline considerably increased during rehearsal, but even further increased during the live performance. 24-hour cardiograph tracings in one of the BBC orchestras revealed heart rates in most of the members of the orchestra around 90 for rehearsal and 100 for live performance. It is probably important to emphasize here that I am not just talking about "front of stage" personnel. The non-playing orchestral managers in this study had pulse rates higher than those of the orchestra. My own view is that in all cases the behind-the-scenes programme staff may well experience more unrelieved stress since they may not have quite the feeling of achievement at the end of a successful programme as the "face" or the "voice". Also they are more likely to be moving on to another programme within a short time.

2. You're only as good as your last . . .

The pressure of live performance, while related to excellence, also relates to another potential stressor – "you're only as good as your last performance". This is a pressure on all programme makers. For some reason that is not entirely clear to me, it seems unusual to build up much credit, the downside of a bad effort being much more negative than the positive upside of a good performance. Not only in terms of the individuals self-esteem but also in terms of their overall status. There is, in many cases, a real fear that one will simply stop being good enough or run out of ideas. Those who work with singers will know that every day they wake to the hope that their "instrument", their voice, is still there.

3. Competition

There is no doubt that broadcasting is a highly competitive work situation. Not only is there competition between different broadcasting companies for credit – both professional and monetary, but there is competition within the professional groups. This is very real with producers, for example, bidding

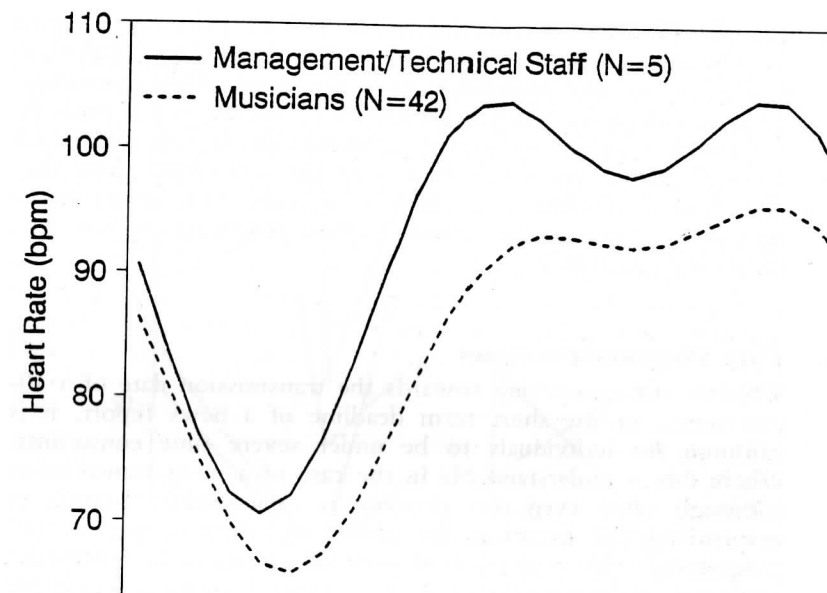


Fig. 1

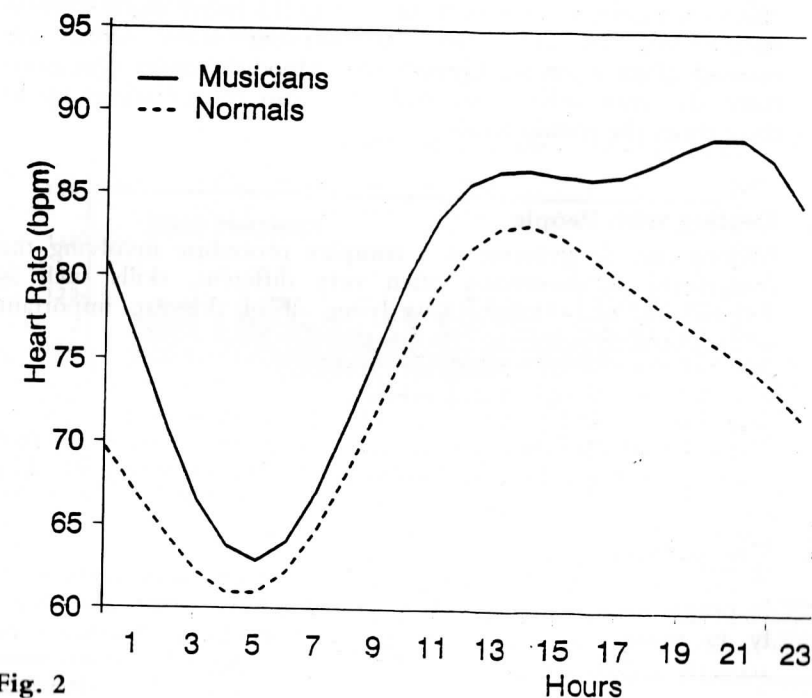


Fig. 2

against each other for limited finances. This probably accounts for the sparsity of real friendships. The demands of the work nearly always take precedence over the needs of the individual. Such lack of caring is not at all obvious, overlaid as it is with the traditional showbiz bonhomie – “wonderful darling; good luck darling”. Sadly, when someone is on the downward slope they may find themselves very short of friends. This seems to be associated with a superstitious, almost unconscious fear that failure is contagious.

4. Time Pressures/Deadlines

Whether one is working towards the transmission date of a 10-part series, or the short term deadline of a news report, it is common for individuals to be under severe time constraints. Where this is understandable in the case of a news transmission (although often even this pressure is unnecessarily hyped), it nevertheless also occurs in the editing and dubbing part of any programme. This may result in very long hours of high intensity work and increasing exhaustion. It is, however, a pattern of work with which programme makers feel comfortable – perhaps the greater the pain the greater is the sense of achievement. The effect on the body chemistry of 3 long (13 hour) night shifts is here demonstrated by the Catecholamine levels which are reached. (Figs 3 and 4). Using Cox's Mood Adjective Questionnaire, the same subjects showed stress and arousal scores up to three times the resting levels.

5. Dealing with People

Making any programme is a complex procedure involving the integration of numerous, often very different, skills such as Engineering and Design. Overlying all of this are important influences such as:

- Budgetary restraints
- Legal liability

The effect of the first is probably obvious. There is no doubt that the creative individual feels tramelled by the administrator. The frustration of not being able to continue for half an hour more “to get it right” because “costumes” or “make-up” have not agreed or will not be given overtime, is easy to understand.

In programmes where factual information is used, and particularly in those involving investigative journalism, trying to be accurate and maybe taking a few risks can be a great strain upon the programme producer. As indeed are areas where decisions

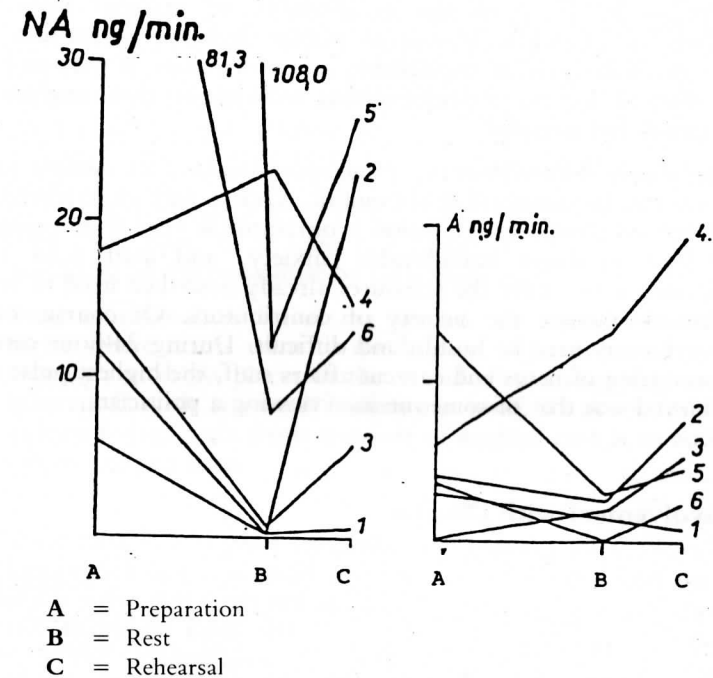


Fig. 3: Catecholamine Excretion in 6 orchestral players

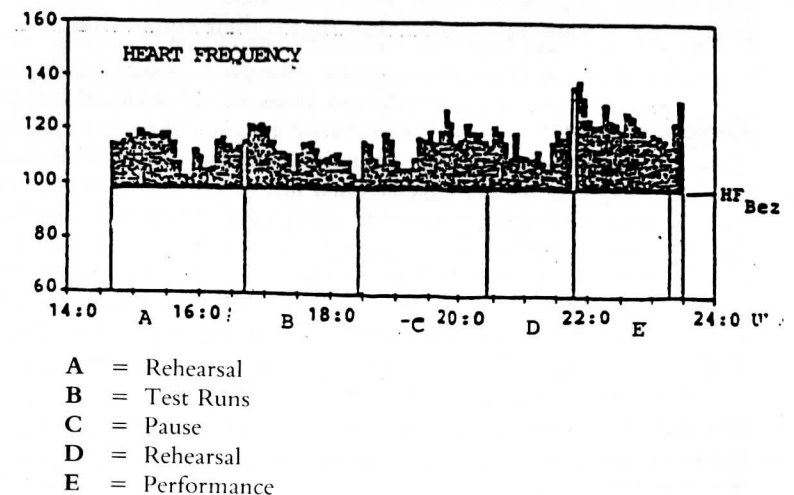


Fig. 4: Variations in Pulse Rate of Sound Mixer

have to be made on the acceptability of material from the viewpoint of public interest or public decency. Sometimes the advice of lawyers is unpalatable and sometimes it may not be swallowed. Let no one believe that working on those margins is anything but stressful.

The people with whom the programme-makers are dealing may, of course, be members of the public. Unless very experienced, to be part of a radio or television programme is very frightening or at least produces considerable anxiety, and staff who may themselves be under the pressures already described need to work hard to alleviate the anxiety of contributors. Of course, other contributors may be hostile and difficult. During 24-hour cardiac monitoring of news and current affairs staff, the highest pulse rate achieved was that of someone interviewing a politician.

6. Involvement with Disaster

We take it for granted that whenever there is a disaster there will soon be a news-team on the spot. Not, as is popular mythology, intruding into the grief of relatives but recording what the public wants to see and feeling the pain. The good newsman, like the good doctor, has learnt to limit this involvement, but of course one is, from time to time, touched by the event. During the last two years there are so many incidents that come to mind – the horror of Lockerbie, the Tiannamen Square disaster, the Roumanian repression. There are times when crews need to have the opportunity to talk through these experiences and, as it were, process the events, before they can regain their equilibrium.

7. Personal Danger

If one is recording in a hostile situation, a certain amount of risk is inevitable. Our news staff are advised not to put themselves at risk and are provided with protective equipment. However, the hunt for the story, the wish to record the actuality and the basic newshound instinct means inevitably that risks are taken. Not only from flying bullets or shells, but from those who do not wish to be recorded. An extreme example was the sound recordist in Tiannamen Square forced to kneel on the ground with a gun to his head. But often the news team is vulnerable – conspicuous and weighed down with equipment, not able to escape with ease. Some of you may remember the case of the inexperienced press photographer killed by the mob he was photographing, conspicuously using flash photography – not in Roumania but in Brixton.

Teams are at risk because of the use by police of filmed confrontations. Increasingly broadcasting companies are being required by law to release material. A further problem revealed only last week is the growing public awareness that police photographers may appear in mufti, inevitably increasing the potential crowd antagonism to any photographer. Not only is there an increased possibility of attacks on news crews, but the use of such material may lead to the appearance of editors and others in court. In at least one recent instance this has led to hounding of the individual by colleagues of the accused parties.

Programme-makers travel the world. We recently produced a series where teams went to the highest, lowest, hottest, coldest, wettest and driest places in the world. Protecting our staff from inherent hazards is a small industry in itself. To work for months at least 6 days walk from any sort of medical care is an additional stressor to any team.

Conclusion

I have only been able to outline the type of pressures under which programme-makers work. We are continuing to assess ways of measuring the effects of such pressures. It is perhaps of interest to know that the recorded level of sickness absence is very low. We have an extensive occupational health programme with which we are addressing many of these issues. However, the doctor or nurse working in such a setting has to accept that these are intelligent people who have often already considered the risk to their health and have accepted it. Their predominant emotions are: Achievement, Fear, Exhilaration. I wonder whether it is right for us to ask them, like J Alfred Prufrock "to measure out their lives in coffee spoons". Or have I already been too long in broadcasting?

Dr Ann Fingret

*Senior Medical Officer
BBC Broadcasting House, London*

This is a communication presented by Dr Fingret at a Seminar of British Association of Performing Arts Medicine (October 1990).

BOOK REVIEWS

THE JOY OF STRESS

by Dr Peter Hanson,
Pan, 1987, £3.99

Peter Hanson, a Canadian doctor, has written this highly readable light-weight and slightly simplistic alternative account of stress management based on his years of practice as a general practitioner. Based on the well-known Dobson Curve Graph, relating degree of stress to performance/efficiency level, he describes the area of pre-critical stress (where maximum efficiency is gained) as the area of the "Joy of Stress". He argues that Stress Management as a concept is generally perceived negatively, and implores the reader to acquire new life management skills based on first principles of egocentricity.

The style is melodramatic, the language North American, but beyond literary and xenophobic bias, the book contains some interesting observations, and provides an excellent introduction to key areas of stress management. Although little direct reference is made to stress in performance as we understand it, a number of his remarks are more than pertinent to the arts. For example, did you know,

"That successful symphony conductors and artists who don't retire . . . live longer than average. Life spans are shortened in groups that generally do not appear to have much control over their stress, for example, fire-fighters and air traffic controllers."

What about concert artists one wonders?

We are taken on a delightful tour of the physiology of stress, amply illustrated with cartoons, which serves to dispel numerous myths. Once the biology is clear, the technique for control of stress is given in detail.

"The key to surviving and thriving on stress is control". Upon this theory the author describes strategies for measuring levels of stress, stress-control, and stress resistance.

The core of the text divides coping mechanisms into weak and strong choices. Weak choices include Unrealistic Goals (the tone deaf child who wants to be a record critic), Poisons, (alcohol, smoking, caffeine) and Wrong Job Choice. Strong choices on "The Hanson Scale" include Sense of Humour, The Right Diet, Thorough Preparation, Alternate Stresses ("Something different requiring full concentration, but that involves different circuits of the brain and body".) The important implication for stressed performers, e.g musicians, is that they should not seek relaxation or stress control by going home and listening to music: parachuting and roller-coaster rides are infinitely more helpful.

Hanson reports experimental findings that the introduction of pets (mainly cats) to the lap of performers has a dramatic effect on counteracting the physiological responses to stress in performance. One hardly dares imagine the chaos that would ensue were a great orchestra to try this system. You could name your new kittens Beta and Blocker!

The closing chapters describe diet choice, obesity, stress and the heart and the "secrets" of long life and prosperity, and finishes with a DIY stress management kit.

This is the best of the many "pop psychology" books on stress we have seen. Good "throne room" material.

Martin Lloyd-Elliott

HUMOUR THERAPY

by Branko Bokun Vita Books
26 Chelsea Square, London SW3

The world is full of myths: one of the great ones is the story about the man in America who cured himself of cancer by watching hours and hours of funny films. Well, his name was Norman Cousins, and he used books and records as well as films to laugh himself back to health.

Purists, academics, psychologists and researchers intent on valid scientific research methodology will not enjoy this book. Those with an inclination to alternative paramedical treatments will enjoy it.

In a world where laughter and smiles seem sadly lacking, especially amongst professional classical musicians (with the notable exception of Kato Havas), this book should be compulsory reading for students and teachers alike. Scientifically valid it may not be, but many of the ideas it provokes in the reader provide much food for thought.

The Introduction reminds one of Carl Sagan's masterpiece, "The Dragons of Eden" (a mind-bending re-appraisal of the ascent of Man), in that it provides the reader with a new "appraisal of the origin of our species, the development of our mind and of our present way of reasoning and behaving" based on the central theory of the "adolescent male personality" and the struggle for healthy "natural maturity". (This idea is greatly expanded on in Branko Bokun's two latest books **Stress Addiction** and **Self-Help with Stress**). He states:

"There is evidence that fears can stimulate the secretion of the brain's opiates, known as endorphins and enkephalins, for a certain amount of time. These opiates are similar in their chemical composition and their effect to the opiate morphine.

Scientists explain that the secretion of these opiates is originated by stress. In my opinion, the secretion just coincides

with stress, because the secretion of the brain's opiates and stress have the same origin: fears.

The brain's opiates, also called natural pain-killers, do not alleviate or eliminate stress, they only reduce the physically painful side of it, and this can be negative as the function of pain is that of an early warning system, calling for the intervention and repair of body damage . . . In the same way as naturally provoked emergencies or dangers, the mind's created fears also trigger off the brain's secretion of its opiates. Sensing this, some people produce fears or worries in their minds in order to escape from reality into self-induced, drug-like states of existence . . . The tendency to enjoy worries is exploited by the media which emphasises bad news".

In a book noteworthy for its lack of humour, it is full of the most delightful truisms. The reader finds himself chuckling with the delight of finding that Bokun has written sound common sense that we had already worked out for ourselves but had never been able to articulate so clearly. For example,

"There is a certain element that blame their bank over-drafts for their stress. The very idea of over-drafts could only have been inspired by minds that considered themselves entitled to live above their means . . . The pursuit of wealth is the pursuit of stress . . . Many hospitals have a depressing atmosphere which is largely due to the over-serious attitude of most doctors. Reflecting the adolescent mentality, physicians feel that their serious, gloomy manner will impress the patients. They seldom realise that sick people are like frightened children, craving togetherness, intimacy and the light touch".

One could say the same of performance audition panels!

"It is not easy to advise people to reduce their self-importance, self-infatuation, beliefs, illusions or dreams, as these all act like drugs and tend to give us the impression of living a fuller and more purposeful life. It is even more difficult to convince people that the best cure for their problems, their disillusion, their psychosomatic troubles or mental disorders is a sense of humour or self-ridicule. Self-infatuated people (the adolescents) become offended when advised to take themselves humorously. What is more, by taking ourselves too seriously, therefore seeing everything in hyperbolic or magnified proportions, we resent simple solutions to problems. Simplicity degrades us, toppling us from our pedestals of conceit. 'There is no idea, no fact, which could not be vulgarised and presented in a ludicrous light', explained Dostoevski."

One chapter expounds the virtues of courses in a sense of humour and includes several hilarious illustrations to enable one to de-dramatise situations that arise in life by seeing them through an analogous joke or a humorous anecdote:

"The following story could help us when faced by un-aesthetic behaviour: A youth sitting opposite an English lady in a train was chewing gum in a most unattractive manner. 'Young man', the lady smiled, 'it is very kind of you to make what I'm sure is fascinating conversation, but sadly I am deaf, so please don't bother'".

"The following description of an Orthodox High Mass, as seen through the eyes a child on his first visit to church, might help people to take religious ceremonies less over-seriously: 'There were a lot of people but they all looked cross or sad. Obviously the owners of the Church were poor, as there was no lighting or heating, just candles. Most people were whispering and some were counting the beads on their necklaces to check that none were missing. A lot of people were sleeping as they had their eyes shut. Suddenly there was silence and everyone stood up. A man wearing a lady's gold and red dress, with a tall gold hat, walked slowly up to the table at the top, followed by other men and boys wearing frilly white shirts. The gold and red man went behind the table and came back again without his hat. I suppose someone had stolen it, because he started wailing very loudly and waving his arms about. Then the other men and boys all joined in to look for it, but all they found was a big heavy book. He must have got quite dirty looking for it, so they brought some water and a towel so that he could wash his hands. After a while they decided that he must have a new hat, so someone passed a plate around and everyone put money onto it. They must have collected quite a lot, as there was enough for most people to go up to the table and get a free drink and a biscuit'".

"The simplest and most effective lesson on how to face a new day with more of a sense of humour is to repeat every morning three times: 'I am not the centre of the universe'. With this in mind, one could see anyone who thinks they are the centre of universe as pathetic, thus liberating us from fears of these kind of people".

"There is one sentence that everyone should use as the best instrument for de-dramatising arrogant and argumentative people: 'I'm sorry, I thought you had a sense of humour'. It has a magic effect. Everyone tries to prove one wrong".

Well, Dostoevsky this book is not, but it has that bitter-sweet delicious quality of stimulating the reader through provocation. One is often left feeling exasperated that a source is not disclosed, an idea is unsupported or a theme left unfinished, or wishing that the author were present so that you could challenge him. Anecdotally we all know that laughing and humour is "good for us" yet we do seem to

spend a great deal of time and energy avoiding humour, particularly in the research, care and treatment of stress and tension in performance. For that reason "Humour Therapy" is an excellent read.

Martin Lloyd-Elliot

*Arts Psychologist in private practice
38 Earls Court Square, London SW5 9DQ*

OVERCOMING PAIN

by Dr Leonard Rose

McCulloch Publishing (Australia)

There is no one so lonely as the person in pain – irrespective of its origin, its intensity, its duration. Those closest to the sufferer – be they sons, daughters, wives, husbands, lovers – can be no more than peripheral to the ordeal, no matter how close the relationship. The experience is overwhelmingly associated with the "nostalgia for normality". "Was I ever painfree?" "Did I ever function normally?" "What does it feel like to be free of pain?" and so on.

Pain is a mystery, a problem as old as life itself, a human experience seemingly fundamental to life; theories of causation abound; treatments abound; and at the bottom of it all is a human being isolated by a symptom experience unique to him/her. Surgery, stress, depression, trauma, loneliness, poverty, age – any or all of these can affect the response to pain, a response influenced by traditions of race and class.

During the past few years, pain has gradually become recognised not merely as a major problem but effectively as a "disease speciality" and with this it has reached a greater and more compassionate understanding of causation and symptoms as well as of treatments. The Hospice movement has played a great part in this, as its physicians sought to establish therapeutic regimes which would allow the terminally ill to have their last days neither tortured by pain nor clouded by drugs.

The concept of the Pain Clinic has been developed – a truly interdisciplinary approach involving anaesthetists, neurologists and psychiatrists – which has crystalized in research into the use of analgesics, anti-depressants, anti-convulsants, psychotherapy. All this has made possible the development of strategies of "pain management". These increasingly involve techniques such as acupuncture, diet control, or the use of self re-educative techniques like Alexander, Feldenkraïs, Creative Visualisation, or other disciplines, whose values have increased with the awareness of chronic postural and movement imbalances associated with occupational hazards.

These factors and many more are discussed with lucid authority, based on long experience, by Dr Leonard Rose in his book *Overcoming Pain*. Jargon is refreshingly absent and the entire spectrum of Pain Management – medical and non-medical – is covered in a way that allows the lay person to understand what doctors are trying to achieve when faced with such problems.

The historical aspects are described – an interesting but utterly horrific chapter, with case histories illustrating various facets – medical, surgical, social. The glossary is extensive and truly helpful and there is a valuable guide to further reading.

Dr Rose succeeds admirably in promoting patients' understanding of the problems and thereby enhancing and improving their own contribution to their management and ultimately to their control. The book succeeds also in breaking down the isolation of the person in pain and offers a sane, sensible and reasoned reassurance that for those who suffer there is hope.

M Lasserson MB

MIRRORS OF THE MIND

The Creative Powers of Your Imagination

Dr Leonard Rose with Peter Fitzgerald

As might be inferred from its subtitle, *Mirrors of the Mind* is an optimistic self-help book which aims to provide the reader with skills specifically designed to improve "self-image, self-confidence and self-esteem". Medical practitioner and director of the Melbourne Pain Clinic, Dr Leonard Rose and writer and freelance journalist Peter Fitzgerald have collaborated to produce this highly readable, encouraging, informative and useful book which, though eclectic and comprehensive in approach, should prove especially helpful to readers relatively new to the concept of "imagery processes".

In the foreword, the authors quote American psychologist William James who, speaking of his own century, said: "The greatest revolution in our generation is the discovery that human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives". This premise is fundamental to the concept of "imagery processes" and the amazing impact they have upon our ability to dramatically change attitudes, psychological and physical conditions, and performance through the channelling of our inherent and often unconscious "spontaneous imagery" into "intentional imagery" which can be used consciously in various aspects of our lives.

The book provides an historical context for the reader, some basic background in mind-body physiology and psychology, a variety of often compelling "case studies", specific guides to exercises and techniques, and a great deal of encouragement. We are encouraged to first assess and then expand our ability to fantasise, or imaging, and then apply this ability to areas of our lives which we wish to improve. Thus, we may aim to strengthen self-image, reduce stress, get rid of anxieties, phobias and unwanted habits, cope with pain and illness, or improve our performance in anything from sex to sports. The techniques described include breathing, relaxation, imaging, desensitization and self-hypnosis.

Mirrors of the Mind is not addressed to the performing artist, but much of its advice could easily be adapted to performance and the anxiety, stress and pain musicians and other performers must sometimes cope with. There are, of course, books which focus more particularly on these problems, but they are often highly technical and limited in their scope. Rose and Fitzgerald have given us material which is enlightening and extremely practicable. Their book is one we can turn to again and again for down-to-earth and effective guidance.

Margo Mack

UNLOCKING YOUR VOICE – FREEDOM TO SING

**by Esther Salaman
Gollancz**

Esther Salaman's book *Unlocking your Voice – Freedom to Sing*, published by Gollancz, is a clear and accessible account of her teaching method, arrived at after years of experience and based on her extensive research and personal interpretation of the 17th century Bel Canto School of Singing. It pays particular attention to facets of this technique which have with time become blurred, vague and, sadly, largely forgotten.

The exercises, comprehensively set out in musical examples, are not merely a collection of scales and arpeggios to help a singer vaguely "warm-up" his or her voice, but a series of carefully graded exercises which, by concentrating on the exclamatory vowels, develop an inner awareness, fitness, strength and suppleness of the laryngeal muscles, contributing to and building an open-throated vocal method with the unique ability to control intensity, quality and dynamic from

the source at the larynx. This brings a vitality and freedom to the heart and core of the sound and so reveals the manifold qualities of resonance, agility, colour and individual timbre of the singer. These exercises directly relate to skills required in opera and song; skills which some lucky people have instinctively but which if not instinctive can be learnt, and once mastered create secure singing with great ring, projection and beauty of tone and, more importantly, freedom for individual interpretation and expression.

Being aware of the communication difficulties when discussing our elusive instrument, the clarity of expression and simplicity of language used to describe the exercises and ideas makes this book accessible to beginner, amateur and professional alike, indeed to all those who understand and strive to attain a high level of excellence and the maximum quality of artistic performance.

In addition to the chapters on vocal technique there are further chapters dealing sympathetically and directly with the pleasures and perils that beset singers; "Tension in Performance", "Auditions", "Voice Strain" and "Pacing a Recital Programme" to name but a few! The candour and directness when revealing and discussing her own early problems and struggles as a soloist are helpful and comforting to those facing difficulties.

For me this is more than just another book on singing, it is a personal matter. As a young singer fresh from a five-year music course, I was already in vocal trouble; something which happens all too often to young singers. The clarity and depth of this method was a great joy and revelation. By following with Esther Salaman these ideas as simply, immediately and methodically as they are expressed in her book, I have been able to conquer a heavy undulating waver, find a totality and balance of breath and voice, and develop a homogenous quality throughout my range and have truly unlocked my voice, giving me a sense of my own vocal identity and encouraging the growth of ease and beauty of tone which had been locked within me.

Esther Salaman strongly feels there is a fundamental truth in the old techniques of the Bel Canto School that transcend time, place and culture. Singers and singing teachers seem to have lost sight of this. Ballet has a philosophy and history of choreography passed on from teacher to dancer, growing and developing through the centuries but always rooted in its beginnings. Exercises for toning and limbering of dancers' muscles have remained basically unchanged for some 200 years, the application of these being as relevant to dancers in the 1990's as it was in the 1790's. I agree, we need to return to our roots, the fundamentals of the Bel Canto School in its totality and create a chain from generation to generation, passing on the essence of this great craft so that one day there may again be a Golden Age of Singing. Esther Salaman's book is a vital link in this chain.

Terri Thomas

AM I TOO TALL?

I am a six-foot-five ectomorph, who chose violin playing as a career.

After twenty years experimenting with various set-ups, and becoming an Alexander teacher, I have ended up with a high jaw-bone rest (see photograph) and a shoulder-pad. I am writing this article to demonstrate to the increasing number of long-necked players, and their teachers, that there is an alternative to the high shoulder-rest solution.

Just in case anybody does not understand the word "ectomorph", the definition is – "thin and angular, with not much muscle or fat". The most famous examples I can think of are John Cleese the actor and Charles de Gaulle.

We ectomorphs are not usually associated with great violin playing: Heifetz, Menuhin, Milstein, Stern, Ricci, Szerying and David Oistrakh are definitely not examples of tall men. The great players who were of medium or above stature, for example, Ysay, Francescatti and Szigeti, did not have very long necks. Furthermore, the great violin teachers have tended to be short in stature, eg. Auer, Flesch, Rostal, Galamian, Gingold, and because they have not had to solve the problem of a long neck themselves, they have not, in my opinion, gone into the problem in sufficient depth (at least not in their books). They have, therefore, left a gap in the accumulated wisdom of violin teaching that I hope to start to fill in this article.

To me the problem, in theory, is a simple one – how does a player rest the violin on the collar-bone and rest the lower-jaw on the chin-rest, without shortening the neck, opening the mouth or dropping the head forward so that the eyes are looking on the floor? If the player has a long neck and wants to avoid these faults, the chin-rest has to be built up.

As there are, in the UK, only about four designs of chin-rest available in the shops, none of which is higher than about $\frac{3}{4}$ ", the first resort of the long-necked player is usually to buy a shoulder-rest. I tried a number of these and I was never totally comfortable with any of them. The nearest I got to happiness was when I used a large "Resonans" and a piece of string around my neck! However, I find my current set-up is better, and I suggest that people should experiment with chin-rests before developing bad postural habits, as they so often do.

I learnt to play using an ordinary chin-shoulder-rest set-up which, up to the age of thirteen, worked reasonably well. However, between the age of thirteen and seventeen I grew from 5'5" to 6'5", and the chin-rest was no longer high enough. Unfortunately I did not have a teacher who understood the problem. At the age of seventeen I started having lessons from a distinguished player who was over 6' feet

tall himself. He had not touched the fiddle for ten years before he started teaching me. *He had had to give up playing because the third and fourth fingers of his left hand collapsed into the palm as soon as he started to play.* However, he had been a prodigy and at the age of twelve had played the Paganini *D major Concerto* in the Albert Hall, and (in his own words) "had not found it difficult". He played the same concerto again when he was thirty-four and "struggled for every note".

He played with no pad or shoulder-rest – just an ordinary chin-rest and a piece of chamois leather underneath. He had to raise his left shoulder a considerable amount when he played, – maybe about $1\frac{1}{2}$ " and, in all probability, he shortened his neck as well. (I am sure he would not have needed to shorten his neck when he was twelve years old).

Of course, it would have been difficult, if not impossible, for his teacher to have persuaded him to use a higher chin-rest while he was in his teens as he was such a good player. He was known as a "natural", and it would have taken a very brave teacher to have interfered, especially in the climate of thought prevailing at the time (the 1920's).

Of course, even though he had this problem, his neck was nowhere near as long as mine. Indeed, my moment of truth came when I was only twenty-two, and not long joined the first violins of the LSO. The orchestra landed at Daytona Beach, and as soon as I stepped into the hot humid atmosphere I got a stiff neck. Fortunately, there was a member of the orchestra who had been trained in a school of manipulation not very different from Alexander Technique, and he helped me to survive that month of concerts. Incidentally, I also had a stiff right wrist, which was no joke at all as we had to play the great C major Symphony six times in succession!

After experimenting with various shoulder-rests and pieces of string(!), I eventually decided to build up my "Flesch model" chin-rest by simply glueing a block of wood underneath it. The ridge was in the wrong place, so eventually I went to a sculptor who made a caste of my jaw and this was used as the basis for the next chin-rest. What I learnt from the caste was that the relevant section of the jaw-bone is straight with a bump at the end, below the ear.

After a period of trial and error, I found I was more comfortable with the chin-rest further to the left, with both its "legs" to the left of the tailpiece. This gave more space for bow-changes at the heel (I had been hitting my nose with the back of my wrist!) However, I had to cut away some of the chin-rest to make more room for my larynx which is vertically over the "button" of the violin. I mention this because most textbooks suggest that the "button" should point towards the larynx.

I should point out that before this series of experiments I attended a course in Alexander Technique. This improved my sensory appreciation and, in particular, made me aware of the real length of



my neck. It is preferable that postural misuse is corrected before designing a chin-rest. Of course it is not always as simple as that, and any change may happen gradually. A higher chin-rest may suggest a different (perhaps preferable) use of the head and neck.

The head should be delicately balanced on top of the spine at all times, and when standing should be vertically over a point within a quadrahedron made by the feet (with legs slightly apart and feet turning slightly outwards). Natural body-swaying, as suggested by Paul Rolland, with free ankle joints, is most desirable as long as it is not exaggerated. However, it is necessary for the head to be turned to the left with the nose pointing roughly towards the scroll. Some non-violin playing Alexander teachers may not be aware of this.

People say that violin-playing is an "unnatural" occupation, and to some extent I agree with them. However, the movement of bringing the hand to the mouth has been performed by our forebears for millions of years! So the movement of a good bowing arm is perfectly natural. The movement of the left arm is not so "unnatural" either, if one can avoid the extreme twist (supination) of the forearm as much as possible. I find that sloping the violin approx 30° helps to reduce the twist. Furthermore, if the weight of the violin is being supported by the collar-bone, and the weight of the head is used as a counterbalance, the left arm does not have to support its own weight and that of the violin continually, and so it will not tire so quickly.

Apart from allowing the violin to rest on the collar-bone, a high chin-rest allows the player to leave the shoulders down most of the time. Both hands adopt a lower playing position, and the temptation to raise either shoulder is considerably reduced. I think it is more "natural" to move arms without raising the shoulders; for example, you would not normally raise your shoulder when picking an apple off a tree.

I am not suggesting that everybody with a long neck needs a chin-rest identical to mine. People's necks vary in length and girth, their shoulders and jaw-bones vary in length and angle. I look forward to the day when you walk into a violin shop and give them certain measurements and a short time later you receive an individually moulded chin-rest (maybe a computer could be used). This would go a long way to prevent injuries among violinists.

Once the problems of a long neck are overcome, there are some advantages that we tall ectomorphs have – long arms, long fingers and big hands. We should have no problems reaching for the point, keeping a straight bow; no problems with fingered octaves, tenths or placing the fourth finger on the G-string. We can also see the conductor better than anybody else, though we are likely to get complaints from the endomorphs behind!

Bill Benham

Violinist and Alexander Technique teacher

This is an extract of an article which has appeared in the American Journal 'Strings' and in 'The Strad' (May 1991)

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At a seminar in March 1990 at the Guildhall School of Music, ISSTIP introduced three very interesting and useful devices.

The System Benda

Christian Benda, well-known cellist, soloist with many orchestras both in USA and in Europe and a member of the *Benda Musicians Ensemble* (a family of nine musicians performing in different combinations), has invented the "System Benda"*. He has experienced back pains and other discomfort while a student, due to his unusual height and long torso and, with his great interest in mechanics and engineering, he devised a kind of "piece" which can be attached to any size instrument and is suitable for cellists of all ages and sizes. The device is attached to the left rib of the cello at the place where the instrument touches the musician's chest. The "piece" is attached in such a way that there is no contact with the sound box, thus the tone of the instrument is not affected. This flexible cushion presents several advantages:

- a) it allows the player to maintain a good posture, with an erect spine, perfectly vertical (Benda recommends the position of "perfect cross", the vertical line of the spine and the horizontal line of the shoulders and arms) without any distortion to accommodate the instrument. It is imperative that the instrument should be adapted to the body in this position, and not vice versa.
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The "System Benda" is available c/o PO Box 131, CH-1211 Geneva 1, Switzerland.

*(The *Strad* published an article on the "System Benda" in the August 1990 issue).

Jamin Mouthpiece for Clarinet

Francois Benda, clarinettist of the *Benda Musicians Ensemble*, recommends the *Jamin* mouthpiece, as a revolutionary device, with its adjustable reed support. This mouthpiece has been greeted as great progress in the clarinet evolution by a number of well known artists.

The system offers a better use of reeds, allowing the optimum angle of vibration for practically any reed; it facilitates the execution of light and rapid staccato and, at the same time, an easy sound production in all registers. The *Jamin* mouthpiece is obtainable from: Walter Dünner SA, Chemin du Tunnel 8, 2740 Moutier, Switzerland.

The Dynarette Support Cushion for Guitar

Michael Conn, the distinguished guitar player, introduced the *Dynarette* at the ISSTIP Seminar. This device provides a more comfortable sitting position, the player dispensing with the "foot-stool" which has caused so many ailments along the years. Not only doctors and physiotherapists recommend the use of this cushion because of its ergonomic advantages, but many guitar players have discovered the benefits by being able to maintain a good posture, with a vertical spine and having both feet on the floor. Thus there is no twisting of the body to accommodate the guitar with a raised foot, a movement which causes a chain of injuries. The twisting of the pelvis results in an S-shaped bent in the spine, a displacement at the base of the neck of the 5th, 6th and 7th vertebrae, sometimes placing great strain on the nerves leading to arms. The player experiences pain in the arms and hands, occasionally leading to cramp or numbness in the hands and fingers.

The *Dynarette* support cushion is placed between the curve of the guitar and the leg on which the guitar is resting, and the material which covers the cushion prevents the instrument from sliding. The device is available from The Spanish Guitar Centre, 44 Nottingham Road, New Basford, Nottingham.

* * *

Also recommended:

The Rosedale Web – a versatile and effective equipment devised for finger, hand, wrist and forearm therapy. Exercises are devised for individual needs and the "web" is also helpful in reducing stress. Brochure and details from Rosedale Research Ltd, 140 Battersea Park Road, London SW11 5RT.

A GLIMPSE OF LIFE AS A FREELANCE OBOIST

"Relax! Relax!" . . .

I can still hear the sound of my teacher's words when, as a terrified school leaver, I attended my first lessons at the Guildhall School of Music.

All these years later, this advice seems no easier to put into practice than it did then. Especially not today.

After so long worrying that the 'phone would *never* ring with offers of work, and jumping with nervous anticipation whenever it did, I was 'phoned late last night to play a concert somewhere in the North of England – at less than 24 hours' notice (my name must be at the bottom of their list!)

My hastily-scribbled jottings are on the telephone pad . . . Second oboe . . . I remind myself of the programme. The Mozart should be no problem; I've played it often. But . . . oh heavens! . . . there's that awful low exposed bit in the Dvorák. I start to panic. Have I a suitable reed? . . . There's a new, unfamiliar modern work too. If only I'd had an opportunity to look at the parts . . . I'm glad I'm not playing first though, with that fiendishly difficult solo in the last movement of the symphony. Rather than me!

My oboe is on the table. The $c\sharp$ key has been giving me trouble on and off; I've kept meaning to get it seen to but never got round to it. God! It mustn't let me down! My throat feels a bit sore. Oh no! Don't say I'm getting a cold. That's all I need. And my thumb still hurts after I hit it with the hammer on Thursday. (With no playing work, I'd begun to get on with jobs around the house).

My mind races on . . . I pick up reeds. Can I get by on the one I used last week for those quintets I wonder? No. I don't think it'd be safe enough on the low notes. What about the one I used to demonstrate in Tuesday's orchestral tuition class? . . . With trembling fingers I pick out first one and then another. Time is short; I will soon have to leave for the rehearsal.

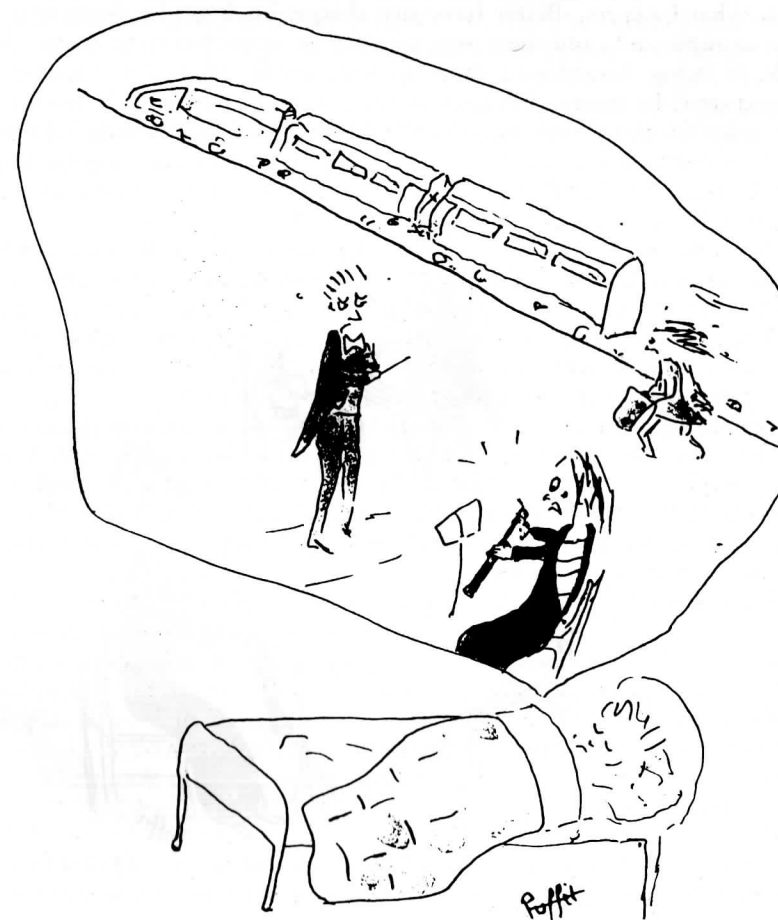
Unfortunately there's nobody else going from this area who can give me a lift. Better check the trains. I reach for the 'phone. Engaged . . . 'Come on, come on' . . . I try again . . . and again . . . The minutes tick by. At last I get through. There's one at 11.45am; that gives me less than an hour. The last one back leaves at 10.25pm. Will the concert be over in time for me to catch it? It'll certainly be cutting it fine . . . Oh dear . . .

I snatch the crumpled notepad again. The venue . . . a church . . . could be cold – I mustn't be flat – especially on that temperamental, low register . . . best trim a "sharp" reed to be safe . . . if there's time. Feverishly I search for my reedknife . . . Mind you, some churches these days can be quite hot. One never knows what to expect.

The first oboe is somebody I don't know, posing the added worry of not having any idea of their sound, in choosing a reed to "match" it! . . . This one sounds promising – but it's a little thick . . . Damn, now I've split it. Nervously I scrape and whittle, and blow-test hastily . . .

What's the dress? Long black. I dash to the cupboard. I'll take my warm one in case the church is cold. Gracious! I hope I can still get into it – but there's no time to try it on. As luck would have it, it needs ironing, having not been worn for some time; I dive for the iron and plug it in. Mustn't singe it in my haste like I did last time . . . Changing facilities might be shared; I'd better wear a bra! . . . Shoes . . . toothbrush . . . make-up. Is there time to make sandwiches? Not really. I grab an apple and a lump of cheese and shove them in my bag.

There's a bus which goes past the station; should get the ten past if I run . . . Donning coat and grabbing my bag, I pause only to switch



on the answer-phone before slamming the door and rushing down the street. Will it pick up any more "gigs" for me during the day? Unlikely the way things are going. Still, mustn't grumble at today's unexpected engagement, though I could have done with some preparation time! . . .

Fifteen minutes later, still standing on the bus stop, I begin to worry. What if the bus has been cancelled? If it doesn't come in five minutes I'll have to hope I can hail a taxi. I feel my adrenalin rising. I *can't* miss the train, there's not another for an hour . . . Just when I'm reaching fever pitch the bus comes along – followed by two more! . . . should *just* make it with luck . . . but the bus seems to *crawl* along and everyone takes ages fishing for their change. It's a relief to see the station.

Dodging through the crowds I feel thankful I'm not a 'cellist. Where's the ticket office? Lord! What a queue! I join the end, my heart in my mouth, trying to anticipate the fare to save time. It's usually twice what I expect. Better have my cheque-book ready. Sure not to have enough cash, and there was no time or opportunity to get to the bank, it being Saturday. I draw in my breath. Have I brought my cheque card? In frenzy, I fumble wildly through my overfull handbag; comb, letters and tissues flying everywhere . . . Oh goodness! Have I



written down the name of the town correctly? My handwriting is illegible, my geography worse, and it wouldn't be the first time I'd stood in a ticket queue not quite sure of my destination. How awful if I were to turn up in a totally different place. The very thought makes me feel sick.

With two minutes to go it's my turn. I chance a day-return, praying I'll catch the last train back, and make a mad dash for the platform, my terror of getting on the wrong train proves unfounded . . . Phew! I've made it! No seats. Well, at least I'm on the train. A seat is the least of my worries – Exhausted, I lean against the only available space – the door of the loo – and hope not too many people will want to use it. I'm already worn out and wonder how I'll summon the energy to get through a three-hour rehearsal and concert . . .

After a while I suddenly go cold with panic. Have I got my reeds? The oboist's worst dread. I sweat, tremblingly undoing my bag – Not that I can do anything about it now . . . They're there! I offer up a prayer of relief . . . Mentally I go through everything else I could have forgotten . . . I don't remember putting in my shoes . . . these red boots would look utterly ridiculous with my long black dress. I'll just have to do the concert in bare feet – and risk pneumonia, or, at best, chilblains . . . Another frenzied search . . . they're right at the bottom of the bag . . .

I close my eyes. It's difficult to doze standing up – especially when I'm constantly having to move and step over people's luggage in the corridor. I try to make my cheese and apple last, pretending they're steak and three veg.

The train slows to a halt and a seemingly interminable delay ensues. Anxiously I glance at my watch; I've not allowed for unforeseen delays. The guard slowly makes his way down the train. He reassures me that we'll "only" be about twenty minutes late! Help! That only leaves me twenty minutes to find the church, and I've no idea how to get to it from the station.

We reach our destination fifteen minutes behind schedule and, leaping from the train, I ask the ticket collector for directions. He scratches his head, but points to a row of bus stops outside the station. Joining the queue I ask the nearest person, who seems quite helpful.

"It'd be quicker to walk" he tells me, giving me rather complicated sounding directions. I set off, I can always ask again.

After hurrying down several streets, I approach a middle-aged couple. They look local.

. . . "St Mary's church" . . . I gasp . . . "Can you direct me, please?"

They look at one another slowly.

. . . "Aw", the man says eventually. "Ain't that t' one near t' park?"

"Aw, I knaws t' one yer mean; 'tis t'other end of t'own, ain't it?"

"Yer'll 'ave ter catch t' bus luv".

My heart sinks. The rehearsal starts in fifteen minutes. I just *can't* be late, not my first time with the orchestra . . . The man speaks again. "Naw, naw" he mumbles thoughtfully. "St Mary's is t'one where they 'ad t' carol service last year ain't it?"

The woman thinks a moment, then nods. Apparently it's only a few streets away. Thanking them, I rush on . . . Ten minutes to go . . .

At last, rounding a corner, I see a church in front of me. Wherever's the name? Then . . . Oh joy! There's a poster advertising the concert. Stumbling up the steps I try the four doors. They're all locked. In despair I hasten round to the back of the church and am thankful to see another player ahead. At least I'm not the last! . . .

Self-consciously I make my way to my place next to the clarinets, get my oboe out and quickly flip over the pages of the parts. The modern work looks alarmingly difficult . . . but what's this? A *solo*? In the *second* part? . . . and . . . oh horrors! There are several C#s in it! How I wish I'd had this faulty pad replaced when the problem occurred, instead of putting it off . . . I fidget with the key nervously . . .

The first oboe chair is empty. Two minutes to go. People are looking round and the leader stands up. My heart misses a beat . . . He is glancing in my direction and looks as though he's going to ask for an "A" to tune the orchestra. My throat tightens. Where are my beta-blockers? . . . I try to calm down. After all, it's only second oboe . . . and with my experience . . . "should be a doddle" . . . and I've given hundreds of "A's" before . . . why is it this chore never gets any easier? . . . I tell myself not to be so silly . . . it's just that it's been so long . . . and I don't seem to see any familiar faces . . . I pick up my tuning-fork, but my hand is shaking so much that I drop it. Gingerly I try an "A" quietly. Already I think I can see a violinist glaring at me, turning his tuning pegs aggressively. It's five past already.

Frantically I look about me. What if the other oboist has had an accident? . . . can't make it? . . . i'll never get through that solo in the symphony on this reed . . . A commotion is heard at the back of the church. Everyone turns round. The first oboe, red-faced, pushes through the orchestra mumbling apologies and something about car engine trouble . . . I cannot describe my feeling of relief . . . The rehearsal begins.

In the break I ask if anyone knows a decent place to eat. They've mostly brought sandwiches, and the only suggestion I'm offered is a fish and chip shop some way away. I shiver. I could do with a hot nourishing meal.

Feeling less than replenished, on my return to the church I find a corner in the "female" changing area. Dressing in cramped, dirty, uncomfortable conditions is something we musicians get used to. Reluctantly I remove my warm sweater and trousers and struggle with my dress. There is a ripping sound. Have I put on weight? Or perhaps it's shrunk in the wash? . . . What now? . . . Desperately I appeal if anyone has a safety-pin. A kindly 'cellist comes to my rescue. She pins

me in . . . Breathing is going to be difficult; I'll have to be very careful. Afterwards I'll need help, too, to get out of the dress again; I hope there'll be enough time. It'd be awkward to travel or, worse, have to go to bed in it! . . . A quick attempt to do something with my hair (I've forgotten my mirror) and it's time to go on . . .

The lighting makes the older, yellower music virtually unreadable, and a spotlight is dazzling me (the rehearsal took place in daylight) but there's no time to do anything about it now. The tall viola-player has moved his chair slightly, almost obliterating my view of the conductor . . . "Excuse me" . . . He can't hear me. Oh well! . . . perhaps it's for the best. I won't be able to see the maestro's angry glares in my direction when my C# key sticks or my inadequate reed lets me down . . . I pray my torn dress isn't too obvious, that the pins will hold up, that my hair looks alright, that my reed will last . . .

Whether by sheer willpower, determination or luck, no disasters occur. I actually manage the Dvorák solo quite well . . . considering . . . The first oboe even has a kind word to say (perhaps I'll get asked back after all?). I feel happier than I have in twenty-four hours!

The conductor seems to spend forever tuning the wind and brass before the last work. Again I tense up. The last train leaves in less than an hour . . . Mercifully the performance is over with just enough time for me to get "undressed" by a colleague and dropped at the station.

Utterly exhausted and hungry, I get home at 1.00am and decide I'm far too tired to eat anything. A scanty wash and, thankfully, I flop into bed. Fortunately I'm not teaching until afternoon tomorrow so can sleep in. *Now* I can relax . . . but my head is pounding and the music is still churning through my memory. At last I doze off, to be woken by the telephone, gradually penetrating my confused images of cracked reeds, missed trains, burst zips and conductors glaring at me . . . With rumbling tummy I stagger to answer it.

"Hi!" . . . it's my friend Susan's cheery voice . . . "Didn't get you out of bed, did I?" . . . as she hears my mumbled efforts at a reply . . .

"How did it go last night? Did you manage to relax?"

"Don't know what you mean" I reply happily. "It was great. I wouldn't have missed it for the world" . . .

Marion Whittow

Oboe player, cartoonist/illustrator and author

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